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APPLICATION NO.	FILING DATE	FIRS	T NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/465,276	12/16/1999	SINA BAVARI			003/175/SAP	8690
TITLE OF INVENTION: A	NTIBODIES AGAINST TY	(PE A BOTULINUM 1	NEUROTOXIN			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	ISSUE FEE PUBLICATION PEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$1300 \$0		\$1300	10/02/2003
EXAMINER ART UN			UNIT CLASS-SUBCLASS			
ZEMAN, ROBERT A		1645				
1. Change of correspondent CFR 1.363). Change of correspondent Address form PTO/SB/1: "Fee Address" indicatis PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNEIN THE SECRETARY THE SECRETARY THE SECRETARY THE SECRETARY THE FOLLOWING FEE(s) are XXIssue Fee "Publication Fee XXAdvance Order - # of Co.	ence address or indication of " ence address (or Change of C 22) attached. on (or "Fee Address" Indicat or more recent) attached. Use RESIDENCE DATA TO B in assignee is identified belo to the USPTO or is being su E f America as Re y of the Army assignee category or catego enclosed:	Fee Address* (37 Correspondence tion form e of a Customer E PRINTED ON THE two, no assignee data withmitted under separate (B) RE Epresented wies (will not be printed under separate Ab. Pay C A ch C Payn XXO The Deposit	2. For printing the names of up or agents OR, single firm (he attorney or age registered patent is listed, no name PATENT (print of ill appear on the prover. Completion SIDENCE: (CITY) on the patent) rement of Fee(s): eck in the amount them to by credit care. Commissioner is a Account Number	on the patent front to 3 registered pa alternatively, (2) the ving as a member that attorneys or agent to will be printed. Type) that Inclusion of the of this form is NO and STATE OR Co U.S.A. O individual of the fee(s) is encl to receive authorized by the receive authorized by the receive authorized by the receive authorized by	tent attorneys are name of a large stered a for up to 2 large stered a for up to 2 large stered a for up to 2 large stered a l	credit any overpayment, to form).
Authorized Signature) FREDA KROSNICK FOR FIZABETH NOTE; The Issue Fee and other than the applicant; interest as shown by the rec This collection of informa obtain or retain a benefit application. Confidentiality estimated to take 12 minut completed application for case. Any comments on	Reg. No. 33.3 Reg. No. 33.3 RIGHT Reg. No. 7 Publication Fee (If require a registered attorney or age cords of the United States Fation is required by 37 CFR by the public which is to is governed by 35 U.S.C. It is governed by 37 U.S. Department of time your public of U.S. Department of END FEES OR COMPLETED FEED FEES OR COMPLETED	(Date) 12 45, 867 ed) will not be acceptant; or the assignee of the assignee of the tent and Trademark Of the tent and Trademark Of the tent and Trademark Of the USPTC 22 and 37 CFR 1.14. The information le (and by the USPTC 22 and 37 CFR 1.14. The information of the tent and the tent an	ed from anyone r other party in fice. is required to to process) an his collection is submitting the the individual is form and/or	_	CNGUYEN1 00000023 21038 1330.00 DA 30.00 DA	

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